

Swim Team Registration Form

SWIMMER NAME:		
SEX (please circle):	M	F
DATE OF BIRTH:	AGE:	
PLEASE LIST THE SWIM TEAM YOUR CHILD CURRENTLY PARTICIPATES ON:		
STREET:		
TOWN:	ZIP:	
PARENT(S)/GUARDIAN(S):		
DAYTIME TELEPHONE:		
EVENING TELEPHONE:		
CELL TELEPHONE:		
E-MAIL ADDRESS:		
Friends of the Milford Stingrays communicate thru e-mails.		
EMERGENCY CONTACT NAME AND RELATION: Other than parent/guardian		
EMERGENCY PHONE:		
ABOUT MY CHILD: On a separate sheet of paper, please provide information about your child which you believe might be helpful to the staff. (Include allergy information, medication(s) currently taken, pertinent medical conditions, limitations, fears, etc.).		

- **A PHYSICAL DONE WITHIN A YEAR** must be included with this form.
- **No Refunds.**
- **No confirmations** will be sent.
- **Make checks payable to: TOWN OF MILFORD - MCSUP** and mail to 31 West Fountain Street, Milford, MA 01757.

PHOTOGRAPHIC RELEASE: I do ___ do not ___ consent and authorize the Milford Community Program to use and reproduce photographs taken of my child for advertising and publicity purposes.

Parent Signature _____

I/We, the parent(s)/guardian(s) of the above minor child, hereby give my/our approval for his/her participation in the Milford Community Use Programs during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless, the Milford Community School Use Program, the Town of Milford, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to or from the activities for any claim arising out of an injury to my/our child to the extent covered by accident or liability insurance.

PARENT SIGNATURE:
DATE: